

## **FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

Section 3, Contract Term, of the FY 2013 and FY 2014 Community Services Performance Contract provides for the renewal of the contract for an additional fiscal year with the mutual agreement of both parties pursuant to the provisions of § 37.2-508 of the Code of Virginia and the insertion of revised Exhibits A, E, F, G, and H for FY 2014. Additionally, the renewal may need to include Exhibits D or J, if applicable. The attached revised FY 2014 signature page and those exhibits document the renewal of the contract for FY 2014.

Please complete the applicable parts of the FY 2014 Performance Contract Renewal and return them to the Department by June 20 in accordance with the attached Exhibit E.

<b>Performance Contract Table of Contents</b>	
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## FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal

- a. **Mental Health and Substance Abuse Services Performance Expectations and Goals:** Review results of the previous year's implementation and consider revisions of performance expectations and goals that address emergency services and case management services and expand this continuous quality improvement approach to other services provided by the CSB, including preadmission screening and discharge planning and local, regional, and statewide utilization management, and to state facility operations.
- b. **Data Quality and Use:** Work collaboratively through the VACSB Data Management Committee to monitor and increase the timeliness and quality of data submitted through the current CCS and to move beyond the current ways of collecting, analyzing, and using information, including the current CCS and other systems, by establishing a shared vision of future data exchange that (i) takes advantage of changes in technology, (ii) identifies key data elements to collect and the best ways in which to collect them, and (iii) establishes a mechanism to consolidate and store information that promotes the development and understanding of outcomes.
- c. **Quality Improvement Measures:** Work collaboratively to develop and implement a small number of quality improvement measures for behavioral health and developmental services that (1) use existing data to the greatest extent possible, (2) reflect and support the Vision Statement in State Board Policy 1036 and *Creating Opportunities* initiatives, (3) provide regular quarterly feedback directly to individual CSBs and state facilities for their use in improving services, and (4) are posted on the Department's web site for public accessibility.
- d. **Individual Satisfaction Surveys:** Work collaboratively through the VACSB Data Management and Quality Improvement Committees to review the content, administration, and reporting results of surveys listed in section 6.b.4.) c.) to ensure the most efficient and effective measurement and reporting of individual satisfaction with CSB services.

**11. Signatures:** In witness thereof and in accordance with Section 3, the Department and the CSB have caused this performance contract to be renewed with the insertion of FY 2014 Exhibits A, C, D (if applicable), E, F, G, H, and J (if applicable) and executed by the following duly authorized officials.

**Virginia Department of Behavioral Health  
And Developmental Services**

\_\_\_\_\_  
\_\_\_\_\_  
**CSB**

By: \_\_\_\_\_

Name: James W. Stewart, III  
Title: Commissioner

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: CSB Chairperson

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: CSB Executive Director

Date: \_\_\_\_\_

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit A: Resources and Services**

CSB: \_\_\_\_\_

<b>Consolidated Budget (Pages AF-3 Through AF-7)</b>				
<b>Funding Sources</b>	<b>Mental Health (MH) Services</b>	<b>Developmental (DV) Services</b>	<b>Substance Abuse (SA) Services</b>	<b>TOTAL FUNDS</b>
State Funds				
Local Matching Funds				
Total Fees				
Transfer Fees (In)/Out				
Federal Funds				
Other Funds				
State Retained Earnings				
Federal Retained Earnings				
Other Retained Earnings				
<b>Subtotal: Ongoing Funds</b>				
State Funds One -Time				
Federal Funds One-Time				
<b>Subtotal: One-Time Funds</b>				
<b>Total: All Funds</b>				

<b>Cost for MH, DV, SA Services</b>				
<b>Cost for Services Available Outside of a Program Area (SAOPA) (AP-4)</b>				
<b>Total Cost</b>				

<b>Local Match Computation</b>	
<b>Total State Funds</b>	
<b>Total Local Matching Funds</b>	
<b>Total State and Local Funds</b>	
<b>Total Local Match Percent</b> (Local/Total State + Local)	

<b>Administrative Costs</b>	
Administrative Costs	
Total Costs	
Administrative Percent	

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit A: Resources and Services**

**CSB:** \_\_\_\_\_

**Financial Comments**

Comment 1	
Comment 2	
Comment 3	
Comment 4	
Comment 5	
Comment 6	
Comment 7	
Comment 8	
Comment 9	
Comment 10	
Comment 11	
Comment 12	
Comment 13	
Comment 14	
Comment 15	
Comment 16	
Comment 17	
Comment 18	
Comment 19	
Comment 20	
Comment 21	
Comment 22	
Comment 23	
Comment 24	
Comment 25	

# FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal

## FY 2014 Exhibit A: Mental Health (MH) Resources and Services

CSB: \_\_\_\_\_

<b>Funding Sources</b>	<b>Funds</b>
<b><u>FEES</u></b>	
MH Medicaid Fees	
MH Fees: Other	_____
<b>Total MH Fees</b>	
MH Transfer Fees In/(Out)	_____
<b>MH NET FEES</b>	
<b><u>FEDERAL FUNDS</u></b>	
MH FBG SED Child & Adolescent (93.958)*	_____
MH FBG SMI (93.958)*	
MH FBG SMI PACT (93.958) <sup>1</sup>	
MH FBG SMI SWVMH Board (93.958) <sup>1</sup>	_____
<b>Total MH FBG SMI Funds (Adult)*</b>	
MH FBG Geriatrics (93.958)*	
MH FBG Consumer Services (93.958)*	_____
<b>Total MH FBG Adult Funds*</b>	
MH Federal PATH (93.150)*	
MH Other Federal - DBHDS*	
MH Other Federal - CSB*	_____
<b>TOTAL MH FEDERAL FUNDS</b>	
<b><u>STATE FUNDS</u></b>	
<b>Regional Funds</b>	
MH Acute Care (Fiscal Agent) +	
MH Regional DAP (Fiscal Agent) +	
MH Crisis Stabilization (Fiscal Agent) +	
MH Recovery (Fiscal Agent) +	
MH Other Merged Regional Funds (Fiscal Agent) + <sup>2</sup>	
MH Total Regional Transfer In/(Out)	_____
<b>Total MH Net Regional Funds</b>	
<b>Children's Funds</b>	
MH Child & Adolescent Services Initiative*	
MH Children's Outpatient Services*	_____
<b>Total MH Restricted Children's Funds</b>	
MH State Children's Services‡	
MH Juvenile Detention‡	
MH Demo Project - System of Care (Child) ‡	_____
<b>Total MH Unrestricted Children's Funds</b>	_____
MH Crisis Response & Child Psychiatry (Fiscal Agent)*	
MH Crisis Response & Child Psychiatry Transfer In/(Out)*	_____
<b>Total MH Net Restricted Crisis Response &amp; Child Psychiatry Funds</b>	_____
<b>Total MH Children's Funds</b>	
<b>Other State Funds</b>	
MH Law Reform*	
MH Pharmacy - Medication Supports*	
MH Jail Diversion Services*	

# FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal

## FY 2014 Exhibit A: Mental Health (MH) Resources and Services

CSB: \_\_\_\_\_

<b>Funding Sources</b>	<b>Funds</b>
MH Adult Outpatient Competency Restoration Services*	
MH CIT-Assessment Sites*	
MH 2014 DAP*	
MH Expanded Community Capacity* (Fiscal Agent)	
MH Expanded Capacity* Transfer In/(Out)	_____
<b>MH Net Expanded Community Capacity*</b>	_____
<b>Total MH Restricted Other State Funds</b>	
MH State Funds <sup>3</sup> ‡	
MH State Regional Deaf Services‡	
MH State NGRI Funds‡	
MH PACT‡	
MH Discharge Assistance Project (DAP) ‡	
MH Geriatric Services‡	_____
<b>Total Unrestricted MH Other State Funds</b>	_____
<b>Total MH Other State Funds</b>	_____
<b>TOTAL MH STATE FUNDS</b>	_____
<b><u>OTHER FUNDS</u></b>	
MH Other Funds*	
MH Federal Retained Earnings*	
MH State Retained Earnings*	
MH State Retained Earnings - Regional Programs*	
MH Other Retained Earnings*	_____
<b>TOTAL MH OTHER FUNDS</b>	_____
<b><u>LOCAL MATCHING FUNDS</u></b>	
MH Local Government Appropriations‡	
MH Philanthropic Cash Contributions‡	
MH In-Kind Contributions‡	
MH Local Interest Revenue‡	_____
<b>TOTAL MH LOCAL MATCHING FUNDS</b>	_____
<b>TOTAL MH REVENUES &amp; EXPENSES</b>	_____
<b><u>MH ONE-TIME FUNDS</u></b>	
MH FBG SMI (93.958)*	
MH FBG SED Child & Adolescent (93.958)*	
MH FBG Consumer Services (93.958)*	
MH State General Funds*	_____
<b>TOTAL MH ONE-TIME FUNDS</b>	_____
<b>TOTAL ALL MH FUNDS</b>	_____

<sup>1</sup> Funds are earmarked but not restricted. <sup>3</sup> Includes former MH DAD/Wintex funds.

<sup>2</sup> Includes former Facility Reinvestment, DADS/Wintex, and Transformation funds

\* Funds are restricted and expenditures of them are tracked and reported separately.

‡ Funds are earmarked but not restricted; expenditures are reported for the total of these funds.

+ Funds are earmarked in a pool of Regional Funds; expenditures are reported for the total of these regional funds.

# FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal

## FY 2014 Exhibit A: Developmental (DV) Resources and Services

CSB: \_\_\_\_\_

Funding Sources	Funds
<b><u>FEES</u></b>	
DV Medicaid Fees	
DV Medicaid ICF/ID	
DV Fees: Other	_____
<b>Total DV Fees</b>	_____
DV Transfer Fees In/(Out)	_____
<b>DV NET FEES</b>	
<b><u>FEDERAL FUNDS</u></b>	
DV Other Federal - DBHDS*	
DV Other Federal - CSB*	_____
<b>TOTAL DV FEDERAL FUNDS</b>	
<b><u>STATE FUNDS</u></b>	
DV State Funds <sup>1‡</sup>	
DV OBRA Funds‡	_____
<b>Total DV Unrestricted State Funds</b>	
DV Crisis Stabilization* (Fiscal Agent)	
DV Crisis Stabilization* Transfer In/(Out)	_____
<b>DV Net Crisis Stabilization*</b>	_____
<b>TOTAL DV STATE FUNDS</b>	
<b><u>OTHER FUNDS</u></b>	
DV Workshop Sales*	
DV Other Funds*	
DV State Retained Earnings*	
DV State Retained Earnings - Regional Programs*	
DV Other Retained Earnings*	_____
<b>TOTAL DV OTHER FUNDS</b>	
<b><u>LOCAL MATCHING FUNDS</u></b>	
DV Local Government Appropriations‡	
DV Philanthropic Cash Contributions‡	
DV In-Kind Contributions‡	
DV Local Interest Revenue‡	
<b>TOTAL DV LOCAL MATCHING FUNDS</b>	_____
<b>TOTAL DV FUNDS</b>	_____
<b><u>ONE-TIME FUNDS</u></b>	
<b>TOTAL ALL DV REVENUES &amp; EXPENSES</b>	_____

<sup>1</sup> Includes former Family Support and Children's Family Support funds.

\* These funds are restricted and expenditures of them are tracked and reported separately.

‡ These funds are earmarked but not restricted; expenditures are reported for the total of these funds.

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit A: Substance Abuse (SA) Resources and Services**

**CSB:** \_\_\_\_\_

<b>Funding Sources</b>	<b>Funds</b>
<b><u>FEES</u></b>	
SA Medicaid Fees	
SA Fees: Other	_____
<b>Total SA Fees</b>	
SA Transfer Fees In/(Out)	_____
<b>SA NET FEES</b>	
<b><u>FEDERAL FUNDS</u></b>	
SA FBG Alcohol/Drug Treatment (93.959)* <sup>1</sup>	
SA FBG SARPOS (93.959)‡	
SA FBG Jail Services (93.959)‡	
SA FBG Co-Occurring(93.959) ‡	
SA FBG New Directions (93.959)‡	
SA FBG Recovery (93.959)‡	_____
<b>Total SA FBG Alcohol/Drug Treatment Funds</b>	
SA FBG Women (Includes LINK at 6 CSBs) (93.959)*	
SA FBG Prevention-Women (LINK) (93.959)*	_____
<b>Total SA FBG Women Funds</b>	
SA FBG Prevention (93.959)* <sup>2</sup>	
SA FBG Prevention-Strengthening Families (93.959)‡	_____
<b>Total SA Prevention Funds</b>	
SA Other Federal - DBHDS*	
SA Other Federal - CSB*	_____
<b>TOTAL SA FEDERAL FUNDS</b>	
<b><u>STATE FUNDS</u></b>	
<b>Regional Funds</b>	
SA Facility Reinvestment (Fiscal Agent)*	
SA Facility Reinvestment Transfer In/(Out)	_____
<b>SA Net Facility Reinvestment</b>	
<b>Other State Funds</b>	
SA Women (Includes LINK - 4 CSBs) <sup>3*</sup>	_____
<b>Total SA Women Other State Funds</b>	
<b>Other Unrestricted State Funds</b>	
SA State Funds <sup>4</sup> ‡	
SA Region V Residential‡	
SA Jail Services/Juvenile Detention‡	
SA MAT Medically Assisted Treatment‡	
SA SARPOS‡	
SA Recovery‡	
SA HIV/AIDS‡	_____
<b>Total Unrestricted SA Other State Funds‡</b>	_____
<b>Total SA Other State Funds</b>	_____
<b>TOTAL SA STATE FUNDS</b>	_____

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**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit A: Substance Abuse (SA) Resources and Services**

**CSB:** \_\_\_\_\_

<b>Funding Sources</b>	<b>Funds</b>
<b><u>OTHER FUNDS</u></b>	
SA Other Funds*	
SA Federal Retained Earnings*	
SA State Retained Earnings*	
SA State Retained Earnings - Regional Programs*	
SA Other Retained Earnings*	_____
<b>TOTAL SA OTHER FUNDS</b>	
<b><u>LOCAL MATCHING FUNDS</u></b>	
SA Local Government Appropriations‡	
SA Philanthropic Cash Contributions‡	
SA In-Kind Contributions‡	
SA Local Interest Revenue‡	_____
<b>TOTAL SA LOCAL MATCHING FUNDS</b>	
<b>TOTAL SA FUNDS</b>	_____
<b><u>ONE-TIME FUNDS</u></b>	
SA FBG Alcohol/Drug Treatment (93.959)*	
SA FBG Women (includes LINK - 6 CSs) (93.959)*	
SA FBG Prevention (93.959)*	_____
<b>TOTAL ONE-TIME SA FUNDS</b>	
<b>TOTAL ALL SA FUNDS</b>	_____

<sup>1</sup> Includes former SA FBG Crisis Intervention. While SA FBG Alcohol/Drug Treatment funds are restricted, all of the following funds are also SA FBG Alcohol/Drug Treatment funds but are only earmarked; and the total amount of SA FBG Alcohol/Drug Treatment expenditures must be tracked and reported. SA FBG Facility Diversion funds are merged into Alcohol/Drug Treatment.

<sup>2</sup> While SA FBG Prevention funds are restricted, the following funds are also SA FBG Prevention funds but are only earmarked; and the total amount of SA FBG Prevention expenditures must be tracked and reported.

<sup>3</sup> Includes former SA Postpartum Women funds.

<sup>4</sup> Includes former SA Facility Diversion funds.

\* These funds are restricted, and expenditures of them are tracked and reported separately.

‡ These funds are earmarked but not restricted; expenditures are reported for the total of these funds.

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit A: Resources and Services**

**Local Government Tax Appropriations**

**CSB:** \_\_\_\_\_

<b>City or County</b>	<b>Tax Appropriation</b>
<b>Total Local Government Tax Funds</b>	



**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit A: Resources and Services**

**CSB:** \_\_\_\_\_

<b>Form 11: Mental Health (MH) Services Program Area (100)</b>	
<b>Core Services</b>	<b>Costs</b>
250 Acute Psychiatric Inpatient Services	
310 Outpatient Services	
350 Assertive Community Treatment	
320 Case Management Services	
410 Day Treatment or Partial Hospitalization	
420 Ambulatory Crisis Stabilization Services	
425 Rehabilitation	
430 Sheltered Employment	
465 Group Supported Employment	
460 Individual Supported Employment	
501 Highly Intensive Residential Services	
510 Residential Crisis Stabilization Services	
521 Intensive Residential Services	
551 Supervised Residential Services	
581 Supportive Residential Services	
610 Prevention Services	
<b>Total Costs</b>	

<b>Form 21: Developmental (DV) Services Program Area (200)</b>	
<b>Core Services</b>	<b>Costs</b>
310 Outpatient Services	
320 Case Management Services	
420 Ambulatory Crisis Stabilization Services (START)	
425 Habilitation	
430 Sheltered Employment	
465 Group Supported Employment	
460 Individual Supported Employment	
501 Highly Intensive Residential (Community-Based ICF/ID) Services	
510 Residential Crisis Stabilization Services (START)	
521 Intensive Residential Services	
551 Supervised Residential Services	
581 Supportive Residential Services	
610 Prevention Services	
<b>Total Costs</b>	

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**  
**FY 2014 Exhibit A: Resources and Services**

**CSB:** \_\_\_\_\_

<b>Form 31: Substance Abuse (SA) Services Program Area (300)</b>	
<b>Core Services</b>	<b>Costs</b>
250 Acute Substance Abuse Inpatient Services	
260 Community-Based SA Medical Detoxification Inpatient (Hospital) Services	
310 Outpatient Services	
313 Intensive Outpatient Services	
335 Medication Assisted Treatment	
320 Case Management Services	
410 Day Treatment or Partial Hospitalization	
420 Ambulatory Crisis Stabilization Services	
425 Rehabilitation	
430 Sheltered Employment	
465 Group Supported Employment	
460 Individual Supported Employment	
501 Highly Intensive Residential (Community-Based SA Detoxification) Services	
510 Residential Crisis Stabilization Services	
521 Intensive Residential Services	
551 Supervised Residential Services	
581 Supportive Residential Services	
610 Prevention Services	
<b>Total Costs</b>	

<b>Form 01: Services Available Outside of a Program Area (SAOPA) (400)</b>	
<b>Core Services</b>	<b>Costs</b>
100 Emergency Services	
318 Motivational Treatment Services	
390 Consumer Monitoring Services	
720 Assessment and Evaluation Services	
620 Early Intervention Services	
730 Consumer-Run Services	
<b>Total Costs</b>	

## FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal

FY 2014 Exhibit B Quarterly Required Measure Report				
Date of Report:		Quarter: First Second Third Fourth Quarter		
CSB Name:		Contact Name:		
Contact Telephone Number:		E-Mail Address:		
Exh. B	Expectation or Goal Measure	Data	Data Reported	
I.A.1	Percentage of individuals referred to the CSB who keep a face-to-face (non-emergency) service visit within seven business days after having been discharged from a state hospital, private psychiatric hospital, or psychiatric unit in a public or private hospital following involvement in the civil involuntary admission process. This includes all individuals referred to the CSB upon discharge from a state hospital, private psychiatric hospital, or psychiatric unit in a public or private hospital who were under a temporary detention order or an involuntary commitment order or who were admitted voluntarily from a commitment hearing.		Number of individuals who kept scheduled face-to-face (non-emergency) service visits within seven business days of discharge from the hospital or unit in this quarter.	
			Number of individuals who were discharged to the CSB from the hospital or unit in this quarter.	
		%	First number ÷ by the second number x 100.	

The Department will provide an Excel spreadsheet to CSBs for completing and submitting the quarterly reports required for this measure.

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**Exhibit D: Individual CSB Performance Measures**

**Signatures:** In witness thereof, the Department and the CSB have caused this performance contract amendment to be executed by the following duly authorized officials.

**Virginia Department of Behavioral Health  
and Developmental Services**

\_\_\_\_\_

\_\_\_\_\_  
**CSB**

By: \_\_\_\_\_

Name: James W. Stewart, III

Title: Commissioner

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Chairperson of the CSB

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: CSB Executive Director

Date: \_\_\_\_\_

## **FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

### **FY 2014 Exhibit E: Performance Contract Process**

**05-08-13:** The Department distributes the FY 2014 Performance Contract Renewal and FY 2014 Letters of Notification to CSBs electronically with enclosures that show tentative allocations of state and federal block grant funds. Another enclosure may list performance measures that have been negotiated with a CSB to be included in Exhibit D of the contract. The Department's Office of Information Technology Services (OITS) completes distribution of the FY 2014 Community Services Performance Contract package software in the Community Automated Reporting System (CARS) to CSBs.

**06-20-13:** Exhibits A and H and other parts of the FY 2014 Community Services Performance Contract Renewal, submitted electronically in CARS, are due in the OITS in time to be received by this date. Tables 1 and 2 of the Performance Contract Supplement (also in CARS) must be submitted with the contract. While a paper copy of the complete contract is not submitted, paper copies of the following completed pages with signatures where required are due in the Office of Community Contracting (OCC) by this date: the signature page of the contract body; Exhibit D, if applicable; Exhibit F (two pages); Exhibit G, and Exhibit J (if applicable).

Contracts must conform to Letter of Notification allocations of state and federal funds or amounts subsequently revised by or negotiated with the OCC and confirmed in writing and must contain actual appropriated amounts of local matching funds. If the CSB cannot include the minimum 10 percent local matching funds in the contract, it must submit a written request for a waiver of the matching funds requirement, pursuant to § 37.2-509 of the Code of Virginia and State Board Policy 4010, to the OCC with its contract. This requirement also applies to end of the fiscal year performance contract reports if the reports reflect less than the minimum 10 percent local matching funds.

**06-28-13:** CSB Financial Analysts in the Department's Office of Fiscal and Grants Management prepare Electronic Data Interchange (EDI) transfers for the *first two semi-monthly payments* (July) of state and federal funds for all CSBs and send the requests to the Department of Accounts.

**07-12-13:** CSB Financial Analysts receive authorizations to prepare EDI transfers for *payments 3 through 6* (August and September) of state and federal funds for CSBs whose contract renewals were received and determined to be complete by this date and, after the OCC Administrator authorizes their release, prepare and send the transfers to the Department of Accounts. Payments will not be released without complete contracts, as defined in item 1 of Exhibit I. For a CSB whose contract is received after this date, EDI transfers for these four semi-monthly payments will be processed if the contract renewal is complete and funds will be disbursed with the next scheduled payment.

**07-12-13:** The OITS distributes FY 2013 end of the fiscal year performance contract report software (CARS).

**07-31-13:** CSBs submit their Community Consumer Submission (CCS) consumer, type of care, and service extract files for June to the OITS in time to be received by this date.

**07-31-13:** Department staff complete reviews by this date of FY 2014 contract renewals received by the due date that are complete and acceptable. Contract renewals received after that date will be processed in the order in which they are received.

1. The **Office of Fiscal and Grants Management** (OFGM) analyzes the revenue information in the contract for conformity to Letter of Notification allocations and advises the CSB to revise and resubmit financial forms in Exhibit A of its contract.
2. The **Offices of Mental Health, Child and Family, Developmental, and Substance Abuse Services** review and approve new service proposals and consider program issues related to existing services based on Exhibit A.



## **FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

3. The **Office of Community Contracting (OCC)** assesses contract renewal completeness, examines maintenance of local matching funds, integrates new service information, makes corrections and changes on the service forms in Exhibit A, negotiates changes in Exhibit A, and finalizes the contract renewal for signature by the Commissioner. The OCC Administrator notifies the CSB when its contract renewal is not complete or has not been approved and advises the CSB to revise and resubmit it.
4. The **Office of Information Technology Services (OITS)** receives CARS and CCS submissions from CSBs, maintains the community database, and processes signed contracts into that database as they are received from the OCC.

**08-12-13:** CSBs submit their complete CCS reports for total (annual) FY 2013 CCS service unit data to the OITS in time to be received by this date. This later date for final CCS service unit data allows for the inclusion of all units of services delivered in FY 2013, which might not be in local information systems in July.

**08-30-13:** CSBs submit their CCS monthly consumer, type of care, and service extract files for July to the OITS in time to be received by this date.

**08-30-13:** CSBs send complete FY 2013 end of the fiscal year performance contract reports electronically in CARS to the OITS in time to be received by this date.

OITS staff places the reports in a temporary data base for OCC and OFGM staff to access them. The OCC Administrator reviews services sections of the reports for correctness, completeness, consistency, and acceptability; resolves discrepancies with CSBs; and communicates necessary changes to CSBs. OFGM CSB Financial Analysts review financial portions of reports for arithmetic accuracy, completeness, consistency, and conformity with state funding actions; resolve discrepancies with CSBs; and communicate necessary changes to CSBs.

Once they complete their reviews of a CSB's reports, the OCC Administrator and OFGM CSB Financial Analysts notify the CSB to submit new reports reflecting only those approved changes to OITS. CSBs submit these new reports to correct errors or inaccuracies no later than **9-13-2013**. The Department will not accept CARS report corrections after this date. Upon receipt, the process described above is repeated to ensure the new reports contain only those changes identified by OFGM and OCC staff. If the reviews document this, OCC and OFGM staffs approve the reports, and OITS staff processes final report data into the Department's community database.

Late report submission or submitting a report without correcting errors identified by the CARS error checking program may result in a letter from the Commissioner to the CSB Chairman and local government officials. See Exhibit I for additional information.

**09-13-12:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payments 7 and 8* (October) and, after the OCC Administrator authorizes their release, prepare and send the transfers to the Department of Accounts for payment 7 for CSBs with signed contract renewals that submitted their final FY 2013 CCS consumer, type of care, and service extract files by the due date and whose FY 2013 end of the fiscal year CARS reports were received in the Department by the due date. Payments 7 and 8 will not be released without a contract signed by the Commissioner and receipt of those CCS extract files and complete CARS reports, as defined in item 2.a. of Exhibit I.

After the Commissioner signs it, the OCC sends a copy of the approved contract Exhibit A to the CSB, with the renewal signature page containing only the Commissioner's signature. The CSB must review this Exhibit A, which reflects all changes negotiated by Department staff; complete the signature page, which documents its acceptance of these changes; and return the completed signature page to the OCC Administrator.

## **FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**09-30-13:** CSBs submit their CCS monthly consumer, type of care, and service extract files for August to the OITS in time to be received by this date.

**10-11-13:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payments 9 and 10* (November), and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts for CSBs whose complete FY 2012 end of the fiscal year performance contract reports were received by the due date. Payments will not be released without (1) complete CCS submissions for FY 2013 and for the first two months of FY 2014 and (2) the completed contract renewal signature page received from the CSB.

**10-15-13:** CSBs submit Federal Balance Reports to the OFGM in time to be received by this date.

**10-31-13:** CSBs submit CCS monthly consumer, type of care, and service extract files for September to the OITS in time to be received by this date.

**11-08-13:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payments 11 and 12* (December), and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts. Payments will not be released without receipt of September CCS submissions.

**11-29-13:** CSBs submit their CCS monthly consumer, type of care, and service extract files for October to the OITS in time to be received by this date.

**11-29-13: A.** CSBs that are not local government departments or included in local government audits send one copy of the audit report for the preceding fiscal year on all CSB operated programs to the Department's Office of Budget and Financial Reporting (OBFR) by this date. A management letter and plan of correction for deficiencies must be sent with this report. CSBs submit a copy of C.P.A. audit reports for all contract programs for their last full fiscal year, ending on June 30, to the OBFR by this date. For programs with different fiscal years, reports are due three months after the end of the year. Management letters and plans of correction for deficiencies must be included with these reports.

**B.** Audit reports for CSBs that are local government departments or are included in local government audits are submitted to the Auditor of Public Accounts by the local government. Under a separate cover, the CSB must forward a plan of correction for any audit deficiencies that are related to or affect the CSB to the OBFR by this date. Also, to satisfy federal block grant sub-recipient monitoring requirements imposed on the Department under the Single Audit Act, a CSB that is a local government department or is included in its local government audit shall contract with the same CPA audit firm that audits its locality to perform testing related to the federal Mental Health Services and Substance Abuse Prevention and Treatment Block Grants. Alternatively, the local government's internal audit department can work with the CSB and the Department to provide the necessary sub-recipient monitoring information.

If the CSB receives an audit identifying material deficiencies or containing a disclaimer or prepares the plan of correction referenced in the preceding paragraph, the CSB and the Department shall negotiate an Exhibit D that addresses the deficiencies or disclaimer and includes a proposed plan with specific timeframes to address them, and this Exhibit D and the proposed plan shall become part of this contract.

**12-13-13:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payment 13* (1<sup>st</sup> January), and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts for CSBs whose FY 2013 end of the fiscal year performance contract reports have been verified as accurate and internally consistent, per items 2.b. through d. of Exhibit I, and whose CCS monthly extracts for

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October have been received. Payments will not be released without verified reports and CCS submissions for October.

- 12-31-13:** CSBs submit their CCS monthly consumer, type of care, and service extract files for November to the OITS in time to be received by this date.
- 01-03-14:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payments 14 through 16* (2<sup>nd</sup> January, February), and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts for CSBs whose monthly CCS consumer, type of care, and service extract files for November were received by the end of December. Payments will not be released without receipt of these monthly CCS submissions and receipt of audit reports with related management letters and plans of corrections (A at 11-29-13) or sub-recipient monitoring information and plans of corrections (B at 11-29-13).
- 01-10-14:** The OITS distributes FY 2014 mid-year performance contract report software.
- 01-31-14:** CSBs submit their CCS monthly consumer, type of care, and service extract files for December to the OITS in time to be received by this date.
- 02-14-14:** CSBs send complete mid-year performance contract reports and a revised Table 1 in Exhibit H to the OITS electronically in CARS within 45 calendar days after the end of the second quarter, in time to be received by this date. OITS staff places the reports on a shared drive for OCC and OFGM staff to access them. The offices review and act on the reports using the process described for the end of the fiscal year reports. When reports are acceptable, OITS staff processes the data into the Department's community data base. CSB Financial Analysts receive authorization to prepare EDI transfers for *payment 17* (1<sup>st</sup> March), and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts for CSBs whose monthly CCS consumer, type of care, and service extract files for December were received by the end of January; payments will not be released without the submissions.
- 02-25-14:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payments 18 and 19* (2<sup>nd</sup> March, 1<sup>st</sup> April) and, after the OCC Administrator authorizes their release, prepare and send the transfers to the Department of Accounts for CSBs whose complete FY 2014 mid-year performance contract reports were received by the due date. Payments will not be released without complete reports, defined in item 2.a. of Exhibit I.
- 02-28-14:** CSBs submit their CCS monthly consumer, type of care, and service extract files for January to the OITS in time to be received by this date.
- 03-31-14:** CSBs submit their CCS monthly consumer, type of care, and service extract files for February to the OITS in time to be received by this date.
- 04-01-14:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payments 20 through 22* (2<sup>nd</sup> April, May) and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts for CSBs whose mid-year performance contract reports have been verified as accurate and internally consistent, per items 2.b. through d. of Exhibit I, and whose monthly CCS consumer, type of care, and service extract files for January and February were received by the end of the month following the month of the extract. Payments will not be released without verified reports and without these monthly CCS submissions.
- 04-30-14:** CSBs submit their CCS monthly consumer, type of care, and service extract files for March to the OITS in time to be received by this date.
- 05-14-14:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payment 23* (1<sup>st</sup> June), and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts for CSBs whose monthly CCS consumer,

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type of care, and service extract files for March were received by the end of April. Payments will not be released without these monthly CCS submissions.

**05-30-14:** CSBs submit their CCS monthly consumer, type of care, and service extract files for April to the OITS in time to be received by this date.

**05-30-14:** CSB Financial Analysts receive authorization to prepare EDI transfers for *payment 24* (2<sup>nd</sup> June) and, after the OCC Administrator authorizes their release, prepare and send these transfers to the Department of Accounts, after the Department has made any final adjustments in the CSB's state and federal funds allocations, for CSBs whose monthly CCS consumer, type of care, and service extract files for April were received by the end of May. Payments will not be released without these monthly CCS submissions.

**06-30-14:** CSBs submit their CCS monthly consumer, type of care, and service extract files for May to the OITS by this date.

**07-11-14:** The OITS distributes FY 2014 end of the fiscal year performance contract report software (CARS) to CSBs.

**07-31-14:** CSBs submit their final CCS consumer, type of care, and service extract files for June to the OITS in time to be received by this date.

**08-12-14:** CSBs submit their complete Community Consumer Submission (CCS) reports for total (annual) FY 2014 service units to the OITS in time to be received by this date. This later date for final CCS service unit data, allows for the inclusion of all units of services delivered in FY 2014, which might not be in local information systems in July.

**08-29-14:** CSBs send complete FY 2014 end of the fiscal year performance contract reports electronically in CARS to the OITS in time to be received by this date. If the CSB cannot include the minimum 10 percent local matching funds in its reports and a waiver has not been granted previously in the fiscal year by the Department, it must submit a written request for a waiver of the matching funds requirement, pursuant to § 37.2-509 of the Code of Virginia and State Board Policy 4010, to the OCC with its report.

### **Performance Contract Revision Instructions**

The CSB shall notify the Department before it:

1. begins providing a new category or subcategory of core services or
2. stops providing a category or subcategory of core services.

The CSB must revise Exhibit A of its signed contract when it receives allocations of additional state funds during the contract term.

The CSB may revise Exhibit A of its signed contract only in the following circumstances:

1. a new, previously unavailable category or subcategory of core services is implemented;
2. an existing category or subcategory of core services is totally eliminated;
3. a new program offering an existing category or subcategory of core services is implemented;
4. a program offering an existing category or subcategory of core services is eliminated;
5. new earmarked state general or federal funds are received to expand an existing service or establish a new one;
6. state general or federal block grant funds are moved between program (MH, DV, SA, or SAOPA) areas (an exceptional situation);
7. allocations of state general, federal, or local funds change; or
8. a major error is discovered in the original contract.

Revisions of Exhibit A must be submitted using the CARS software and the same procedures used for the original performance contract.

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**FY 2014 Exhibit F: Federal Compliances**

**Certification Regarding Salary: Federal Mental Health and Substance Abuse Prevention and Treatment Block Grants**

***Check One***

- \_\_\_\_\_ 1. The CSB has no employees being paid totally with Federal Mental Health Block Grant funds or Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds at a direct annual salary (not including fringe benefits and operating costs) in excess of Level 1 of the federal Executive Schedule.
- \_\_\_\_\_ 2. The following employees are being paid totally with Federal Mental Health or SAPT Block Grant funds at a direct annual salary (not including fringe benefits and operating costs) in excess of Level 1 of the federal Executive Schedule.

***Name***

***Title***

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

**Assurances Regarding Equal Treatment for Faith-Based Organizations**

The CSB assures that it is and will continue to be in full compliance with the applicable provisions of 45 CFR Part 54, Charitable Choice Regulations, and 45 CFR Part 87, Equal Treatment for Faith-Based Organizations Regulations, in its receipt and use of federal Mental Health Services and Substance Abuse Prevention and Treatment Block Grants and federal funds for Projects for Assistance in Transitions from Homelessness programs. Both sets of regulations prohibit discrimination against religious organizations, provide for the ability of religious organizations to maintain their religious character, and prohibit religious organizations from using federal funds to finance inherently religious activities.

**FY 2014 Exhibit F: Federal Compliances**

**Assurances Regarding Restrictions on the Use of Federal Block Grant Funds**

The CSB assures that it is and will continue to be in full compliance with the applicable provisions of the federal Mental Health Services Block Grant (CFDA 93.958) and the federal Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), including those contained in the CSB Administrative Requirements and the following requirements. Under no circumstances shall Federal Mental Health Services and Substance Abuse Prevention and Treatment Block Grant funds be used to:

1. provide mental health or substance abuse inpatient services<sup>1</sup>;
2. make cash payments to intended or actual recipients of services;
3. purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
5. provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs;
6. provide financial assistance to any entity other than a public or nonprofit private entity; or
7. provide treatment services in penal or correctional institutions of the state.

[Source: 45 CFR § 96.135]

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Signature of CSB Executive Director

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Date

<sup>1</sup> However, the CSB may expend SAPT Block Grant funds for inpatient hospital substance abuse services only when all of the following conditions are met:

- a. the individual cannot be effectively treated in a community-based, non-hospital residential program;
- b. the daily rate of payment provided to the hospital for providing services does not exceed the comparable daily rate provided by a community-based, non-hospital residential program;
- c. a physician determines that the following conditions have been met: (1) the physician certifies that the person's primary diagnosis is substance abuse, (2) the person cannot be treated safely in a community-based, non-hospital residential program, (3) the service can reasonably be expected to improve the person's condition or level of functioning, and (4) the hospital-based substance abuse program follows national standards of substance abuse professional practice; and
- d. the service is provided only to the extent that it is medically necessary (e.g., only for those days that the person cannot be safely treated in a community-based residential program).

[Source: 45 CFR § 96.135]

**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**Exhibit G: Local Contact for Disbursement of Funds**

1. Name of the CSB: \_\_\_\_\_

2. City or County designated  
as the CSB's Fiscal Agent: \_\_\_\_\_

If the CSB is an operating CSB and has been authorized by the governing body of each city or county that established it to receive state and federal funds directly from the Department and act as its own fiscal agent pursuant to Subsection A.18 of § 37.2-504 of the Code of Virginia, do not complete items 3 and 4 below.

3. Name of the Fiscal Agent's City Manager or County Administrator or Executive:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

4. Name of the Fiscal Agent's County or City Treasurer or Director of Finance:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Name, title, and address of the Fiscal Agent official or the name and address of the CSB if it acts as its own fiscal agent to whom checks should be electronically transmitted:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information should agree with information at the top of the payment document e-mailed to the CSB, for example: Mr. Joe Doe, Treasurer, P.O. Box 200, Winchester, VA 22501.

# **FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

## **FY 2014 Exhibit H: CSB Board Membership**

<b>Table 1: CSB Board Membership Characteristics</b>			
Name of CSB			
Total Appointments:	Vacancies:	Filled Appointments:	
<b>Number of Individuals and Family Members</b> (Ref. § 37.2-100 for Definitions)			
Number of individuals who previously received public or private mental health, developmental, or substance abuse services		Number of family members of individuals who are currently receiving or who previously received public or private mental health, developmental, or substance abuse services	
Number of individuals who are currently receiving public or private mental health, developmental, or substance abuse services			
§ 37.2-501 and § 37.2-602 of the Code of Virginia require appointments to the CSB to be broadly representative of the community. One-third of the appointments to the CSB shall be identified individuals who are currently receiving or who previously received services or family members of such individuals, at least one of whom shall be an individual receiving services.			

Use Table 1 in the Performance Contract Supplement (CARS) to complete this table. Information in Table 1 should be current and correct as of the date on which the contract is submitted to the Department.

### **Table 2: Integrated Behavioral and Primary Health Care Questions**

- Is the CSB participating in a partnership with a federally qualified health center, free clinic, or local health department to integrate the provision of behavioral health and primary health care?
  - ☐ Yes (proceed to the next question)
  - ☐ No
- If yes, who is the partner?
  - ☐ a federally qualified health center, Name: \_\_\_\_\_
  - ☐ a free clinic, Name: \_\_\_\_\_
  - ☐ a local health department, Name: \_\_\_\_\_
  - ☐ another organization, Name: \_\_\_\_\_
- Where is primary health (medical) care provided?
  - ☐ on-site in a CSB program,
  - ☐ on-site at the primary health care provider, or
  - ☐ another site (specify: \_\_\_\_\_)
- Where is behavioral health care provided?
  - ☐ on-site in a CSB program,
  - ☐ on-site at the primary health care provider, or
  - ☐ another site (specify: \_\_\_\_\_)



**FY 2013 and FY 2014 Community Services Performance Contract: FY 2014 Renewal**

**FY 2014 Exhibit H: CSB Board Membership**

<b>CSB Board Membership List</b>					
<b>Name:</b> (List Officers After Names)	<b>Address:</b> (With zip code)	<b>Phone Number</b>	<b>Start Date of Term</b>	<b>End Date of Term</b>	<b>Term No.</b> (1st, 2 <sup>nd</sup> , 3 <sup>rd</sup> )

Use Board of Directors Membership List in the CARS software to complete this table.

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## **FY 2013 and FY 2014 CSB Administrative Requirements: FY 2014 Renewal**

### **Exhibit J: Joint Agreements**

If it enters into a joint agreement pursuant to § 37.2-512 or § 37.2-615 of the Code of Virginia, the CSB shall describe the agreement in this exhibit and attach a copy of the joint agreement to this Exhibit.